

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2254636782

1/02

306

306
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Ouray Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration status, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 4/10/03

Supp

1002004

1. NAME: Totman, David M.
Last _____ First _____ MI _____

2. BUSINESS PHONE: (225) 761-7640

3. BUSINESS ADDRESS: 10881 Pechiney Rd., Ste. C, Baton Rouge LA 70810
Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS: P.O. Box 82631, Baton Rouge LA 70884
Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER: The Totman Group, LLC

5. EMPLOYER'S ADDRESS: P.O. Box 82631, Baton Rouge LA 70884
Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. USE BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

8. Name: National Association of Independent Insurers

Address: 2600 River Bend, Des Plaines, IL 60018-3281

Business or purpose: Professional Association

New Representation

Does this person pay you? NO

If No, who pays you? The Totman Group, LLC

Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

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2. Name Express ScriptsAddress 6626 West 18th Street, Bloomington, MN 55439Business or purpose Pharmacy Benefit Management New RepresentationDoes this person pay you? NoIf No, who pays you? The National Group LLC Terminated Representation as of _____3. Name Advantage PCSAddress 750 West John Carpenter Freeway, Ste. 1200, Irving, TX 75039Business or purpose Pharmacy Benefits Management New RepresentationDoes this person pay you? NoIf No, who pays you? The National Group LLC Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist